U.S. Patent and Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of i						mation unless it displays a valid OMB control number			
Effective on 12/08/2004,				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				7 40 PHOGD W. 1 THILLIAN		10/637,219-Conf. #3318			
FEE TRANSMITTAL				Filing Date August 8, 200		ugust 8, 2003			
For FY 2009				First Named Inv		enoit Maison			
FOI F1 2009				Examiner Name S. G. Neway					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2626					
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket No. N0484.70761U			S00			
METHOD OF PAYMENT (check all that apply)									
Check x Credit Card Money Order None Other (please identify):									
Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	F	ILING FEES	SE	ARCH FEES	EXAMIN	ATION FEES			
Application Ty	pe Fee (Small Entity Fee (\$)	Fee (Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330		540		220	110	1000	010 147	
Design	220		100		140	70			
Plant	220		330		170	85			
Reissue	330		540		650	325			
Provisional	220		0		0	0			
2. EXCESS CLAIM FEES				•	•	-		Small Entity	
Fee Description Fee (\$)									
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$)			F	e Paid (\$) Multiple Depe		ultiple Depende			
	or HP =	_ x =			Fee	<u>: (\$)</u> !	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								_	
				ee Paid (\$)					
or HP = X =									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
	er 37 CFR 1.52(e))					tity) for each a	dditional 5	50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof							Fee	Paid (\$)	
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00									
SUBMITTED BY	44 1 1			Registration No.					
Signature Reed (Attorney/Agent) 34,900						Telephone	617.646.8000		
Name (Print/Type) Melissa A. Beede						Date	July 2	1, 2010	

Destificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being stached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: July 21, 2010 Electronic Signature for Elizabeth C. Craig: /Elizabeth C. Craig/